



The Mulch & Soil Co.

4353 Michigan Link, Fort Myers, FL 33916

239-334-7343, 800-326-3966, FAX 239-334-2952

www.gomulch.com

E-Mail: service@gomulch.com

CONFIDENTIAL CREDIT APPLICATION

APPLICATION MUST BE COMPLETED IN FULL BEFORE EVALUATION CAN BE MADE.

Application Date: _____ Salesperson: _____

Legal Name of Business: _____ Date Established: _____

Registered Fictitious Names: _____ Federal Tax ID #: _____

Business Address: _____ Building is: Owned
 City, State, Zip: _____ Rented

Mailing Address: _____ Mark if Required: Purchase Order
 City, State, Zip: _____ Job Name

Phone: _____ Accts Payable Contact: _____ Tax Status: Taxable
 E-mail: _____ Exempt
 (please attach exemption form)

(Statements and Invoices will be sent electronically to the email provided, if credit is granted.)

Credit Limit Requested: _____ Monthly Estimated Purchases: _____
 (Credit limit will be established upon verification of 3 comparable trade references)

TYPE OF BUSINESS:

Lawn Maintenance Property Management

Landscape Contractor Owner's Association

Retail/ Garden Center Golf Course

Developer Church/ Day Care

Government Agency Other: _____

BUSINESS IS A:

Corporation

Partnership

Sole Proprietorship

Non-Profit Organization

L.L.C.

AUTHORIZED PURCHASERS: _____

SPECIAL INSTRUCTIONS: _____

OWNER(S), PARTNERS, AND/OR OFFICERS:

Name	Street Address	Social Security #
Title	City, State, Zip	Home Phone:
Name	Street Address	Social Security #
Title	City, State, Zip	Home Phone:
Name	Street Address	Social Security #
Title	City, State, Zip	Home Phone:

OFFICE USE ONLY

Account #: _____ Terms: _____

Credit Limit: _____ Customer Type: _____

Approved By: _____ Date: _____ Salesman: _____

Notes: _____

TRADE REFERENCES:

(minimum of 3)

Name: _____ Acct # _____ Phone (Include Area Code) _____ Fax (Include Area Code) _____
Address: _____

Name: _____ Acct # _____ Phone (Include Area Code) _____ Fax (Include Area Code) _____
Address: _____

Name: _____ Acct # _____ Phone (Include Area Code) _____ Fax (Include Area Code) _____
Address: _____

Name: _____ Acct # _____ Phone (Include Area Code) _____ Fax (Include Area Code) _____
Address: _____

BANK REFERENCE:

Bank: _____ Bank Address (your branch): _____ Bank Office/ Contact: _____ Phone (Include Area Code) _____
Account #: _____

I/ We hereby authorize the references listed above to furnish The Mulch & Soil Co. with information regarding our account.

Company: _____ Address: _____

Authorized Signature: _____ Title: _____

Printed Name: _____ Date: _____

TERMS AND CONDITIONS

In consideration for extension of credit, the Undersigned agrees to the following terms: Applicant authorizes business credit investigations. All such information furnished will, of course, be kept confidential. Applicant expressly waives all right of exemption, where allowable by law, as to personal or real property and further agrees to pay all costs of collections or attempting to collect or secure any and all debts which applicant may now or in the future owe creditor for goods sold it & for services rendered and agrees that if proceedings are commenced to collect indebtedness, 33 1/3 % of the entire indebtedness shall be allowed and included in the judgement

The Undersigned agrees that payment will be due **net thirty days** following the date of the invoice, understands that invoices past due are subject to a **finance charge of 1-1/2 % per month or 18% per annum**, and that a \$30.00 returned check fee will be charged per returned check. Accounts that are 60 days past due are subject to go on hold until account becomes current. Claims for adjustments should be made within 5 days of invoice. In the event of a default in payment, the Undersigned, unconditionally, and severally guarantees payment of all sums due and owing, including all costs of collection, reasonable attorney's fees at trial and appeal court levels, and interest from the date of default on the amount owing at the time of default.

In order to induce creditors, its successors and assigns, to extend credit to Applicants pursuant to this Credit Application, the Undersigned, unconditionally guarantees performance by the Applicant of its obligation hereunder and payment to creditors, its successors and assigns, of all debts and obligations of Applicant hereafter arising and existing, including, without limitation, all amounts of principal and interest due and all expenses of collection.

The Undersigned agrees to keep this Application and the information contained in it current and to immediately notify creditors of any and all changes in the information provided. **Notification must be made via certified mail to 4353 Michigan Link, Fort Myers, FL 33916**

The Undersigned, individually and as authorized agent for the Applicant, affirms that all information given hereunder is true, correct, and complete. The Undersigned agrees that any credit extended shall be in accordance with the terms and conditions set forth in this Application, and agrees to be bound by them.

By: _____

Owner: _____

Agent for Applicant

Signature

Print Name

Print Name

Social Security Number

Revised 05/24/2018